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INSTRUCTIONS  
TO THE  
MEDICAL EXAMINERS  
OF THE  
STANDARD  
Life Insurance Company,  
OF NEW YORK.

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## Instructions to Medical Examiners.

THE astonishingly rapid growth of LIFE INSURANCE, within the last few years, has added a vastly increased importance to the subject of the medical selection of lives for insurance risks. Fraudulent attempts to insure persons in impaired health are now so frequently and so skillfully made, that nothing but the intelligent and conscientious discharge of the duties imposed on him can save the medical referee from inflicting serious pecuniary loss upon the Company and injuring his own professional reputation. Several valuable treatises upon the duties of Medical Examiners have appeared in England and in this country.\* To these reference should be made for more complete information than space will allow in this article, which is intended merely to call attention to a few of the more important points—especially those which are liable to be overlooked; to suggest a systematic method for the examination, and to furnish the Examiner with the rules which the Company have adopted for the acceptance and rejection of risks.

\*The following are especially recommended:

The Medical Selection of Lives for Life Insurance. WM. BRINTON, M. D. London: 1866.

Medical Examinations for Life Insurance. J. ADAMS ALLEN, M. D., L. L. D. Chicago: 1867.

The Examiner is recommended, before proceeding to the direct examination, to carefully read over the answers already made to the questions in the application. By this means attention may be directed to some important point, upon which the applicant may afterwards be more closely questioned, or a contradiction between the statements made to the physician and those made to the Company may be revealed. Where the statements made over the applicant's signature are inaccurate or incomplete in regard to his own past illness, or the causes of death in his family, it is very desirable that the necessary corrections or additions should be made before the application is forwarded to the Company. Notice, also, whether the applicant has ever been rejected by another company, and, if such be the case, ascertain the probable cause of rejection, and give especial attention to it in the examination. It must be remembered, however, that the alleged cause is frequently not the true one, as this may have been concealed by the previous Examiner from a desire to spare the feelings of the person rejected. If he reside in a district subject to the frequent occurrence of endemic or epidemic diseases, inquire whether he has become acclimated; or, if he have been attacked, whether he has entirely recovered from the effects of the illness. Few employments are so injurious to health



as to positively exclude from Life Insurance those who engage in them; yet it cannot be doubted that occupation is an important element in determining the prospect of longevity. The best risks include professional men, artists, farmers, agricultural laborers, carpenters, blacksmiths, and all who are engaged in occupations requiring an active but not too laborious life under proper hygienic conditions. Trades involving sedentary habits are less desirable. The same is true of those who are exposed to the inhalation of insoluble or irritant dusts, or of vegetable or animal emanations, *e. g.*, stone-cutters, glass blowers, grinders, millers, colliers, hatters, curriers, and workers in phosphorus and mercury; though the danger from these employments has been somewhat diminished of late years by the introduction of improved machinery and the adoption of precautions suggested by science. As a rule, tavern or bar-keepers and tobacconists are, for obvious reasons, very undesirable risks. Printing office compositors suffer not only from the exposure to the lead poison, but also from the confinement of close rooms, and often from irregularity of meals and sleep. Painters, and, in fact, all whose occupation exposes them to lead poisoning, are very liable to granular degeneration of the kidney. Dr. Dickinson, of London, has recently asserted that of painters at least one half die of this

disease, and that the influence of lead is a more fertile source of this variety of Bright's disease than any other external cause with which we are acquainted. According to the same authority, the co-existence, in a person thus exposed, of the blue line upon the gums with albumen in the urine is almost a certain indication that the kidneys have undergone this degeneration. Gentlemen of leisure and retired merchants, although relieved from pecuniary anxiety, are exposed to other dangers; the former from habits of self-indulgence, the latter from the complete change of their mode of life and the ennui which frequently follow retirement from active business. From the occupation, we naturally pass to the habits of the applicant, particularly those relating to business, regularity of meals and hours of sleep, and the use of stimulants and narcotics. The inquiry as to indulgence in alcoholic liquors is often conducted in a manner which entirely fails to elicit the truth. Bardolph himself, whose nose saved Falstaff "a thousand marks in links and torches," would, doubtless, have sworn to a general affirmation of sobriety, unless he were self-convicted by a confession of the daily number of quarts of sack which he found necessary to "maintain that salamander with fire." In any given case, a reliable judgement can be formed only by ascertaining the quantity and kind of

stimulant used, and whether the stomach and liver are irritated by *indulgence between meals*. Persons thus violating the laws of health are notoriously unable to resist disease, although often presenting the appearance of ruddy health. Reformed drunkards are generally very undesirable risks, on account of the constant danger of relapse, and the permanent injury to health inflicted by their previous excesses. However much we may feel disposed to praise the strength of moral character they have shown, it must still be borne in mind that the benevolence of Life Insurance is not to be displayed by favors shown to one class of persons, however morally deserving, at the expense of others. Inquire also whether the applicant is addicted to opium eating, a vice which is spreading rapidly in our large cities, and which, from its unobtrusive character, is frequently carried on secretly for a considerable time before its more marked effects are observed. Though it may be doubted whether this form of self-indulgence is as disastrous to health as it is sometimes asserted to be; yet the desirability of the risk is seriously impaired by the existence of the habit, on account of its demoralizing effects and the peculiar fascination, from which the victims of the drug find it almost impossible to escape.

## FAMILY HISTORY.

**T**O examination for Life Insurance can be satisfactory without a careful inquiry into the diseases of the family and the longevity of its various members. The Examiner should be constantly on his guard against the mistakes and deceptions which frequently embarrass this part of the investigation. The astonishingly defective memory of applicants, who can remember the exact ages at death of their long-lived grand parents, and yet forget the ages and causes of death of their parents, brothers and sisters, will often require some other explanation than the known laws of physiology or pathology. Consumption is frequently disguised under the less ominous expressions of "decline," "inflammation of the lungs," "pleurisy," "asthma," "bronchitis," and, among females, of "death from child-birth," which period is often sufficiently elastic to extend for months after the parturient act. It should also be remembered that inherited diatheses show themselves not only in the special diseases of the parents and ancestors, but also in the occurrence of other affections of the same type, and in the transmission of a general debility of the constitution. Tronseau has called attention to the remarkable transformation of nervous diseases as they

descend from parent to child; insanity, for instance, in the former, being often followed by epilepsy, paralysis, amaurosis or hysteria in different children. The duration of life in the family for two or three generations affords indications of great value. Longevity in many families appears to be an hereditary characteristic, rendering their members very desirable risks for Life Insurance, but more importance must be attached to a tendency to early deaths, even when they are not due to diseases recognized as transmissible. The existence of this latter tendency is often overlooked, or its importance under-estimated. Risks belonging to this class are to be accepted with great caution. Longevity of the grand-parents on the maternal side is more desirable than that on the paternal. Hereditary diseases frequently follow the law of atavism, and disappear in the second to re appear in the third or fourth generation. This fact suggests the importance, in suspicious cases, of extending the inquiry to the grand-parents and the collateral relations. Affections of this class are more readily transmitted by the mother than the father; but the danger of inheritance from either parent may be much diminished by a strong physical resemblance to the unaffected one. They are characterized also by the same marvellous law of periodicity which is seen in all the vital operations of



nature, and frequently exhibit a tendency to recur at the same age in successive generations. When, therefore, the family history shows the existance of such a law, the Examiner should not fail to observe whether the applicant has not yet reached the dangerous period or has passed it with impunity. The children of marriage between blood relations are not necessarily undesirable risks. Recent observations have shown that the increased frequency and great severity of disease in this class of persons arise solely from the fact that the danger of inheritance is multiplied when both parents exhibit the same or similar morbid tendencies. Provided the entire absence of transmissible disease can be demonstrated in both parents and children, the risk may be accepted. When there appears to be in the family a predisposition to pulmonary tuberculosis, the Examiner is expected by the Company to be guided by the following rules: If both parents have died of consumption, the life is to be rejected. This rule is not intended to be absolutely without exception, but the instances of acceptance must necessarily be very rare. When the death of only one parent has been due to consumption, and the disease has re-appeared in not more than one of the children, the Company will consider the risk, provided, 1st, that the applicant have passed the age of thirty-five years—(observe if the

disease tend to occur in the family at an age beyond this limit, and reject unless applicant have passed it); 2d, that he have never had hemorrhage from the lungs or other signs of tuberculous deposit; 3d, that he be at present in perfect health, and have a well formed chest, and 4th, that his habits be regular and temperate, and that he resemble the healthy parent, when consumption has entered the family from one side only.



## PREVIOUS HISTORY.

THIS portion of the inquiry is too essential to be slighted, and yet it is often conducted in a superficial manner. The temptation on the part of the applicant to conceal important facts is very strong, and even when no intentional deception is attempted, he naturally depreciates the seriousness of diseases from which he has apparently and, it may be, really recovered, or is, perhaps, pardonably ignorant of their nature. A frequent illustration of this tendency to self-deception is seen in the trifling importance attached to hemorrhages from the lungs. These are often ascribed to some act of over exertion, and their origin is referred to the nose, mouth, and throat. In its relations to Life Insurance, the spitting of blood is a very suspicious circumstance, and should invariably be regarded as an attack of hemoptysis, unless the proof that the hemorrhage proceeded from some other source than the lungs is so clear as to leave no reasonable doubt. This symptom is generally a sufficient cause for rejection, especially if associated with the occurrence of tuberculous affections in other members of the family; but when not thus connected, and if a considerable time have elapsed without recurrence or other signs of consumption, the Company will

consider the acceptance of the risk. Of the other previous illnesses allusion will be made to only a few of the more important, which, for the sake of convenience, may be divided in two general classes.

*First.*—Those which sometimes result in more or less permanent lesions of vital organs. The connection between inflammatory rheumatism and the chronic affections of the heart is now clearly established. If attacks of the former have occurred before the age of thirty, cardiac disease should be suspected and carefully sought. The existence of a marked rheumatic diathesis, as shown by repeated acute attacks or by the symptoms of chronic rheumatism or rheumatic gout, always disqualifies the risk. Gout, besides exhibiting itself in the urate of soda deposits within the joints, and in the thickening of the surrounding fibrous tissues, also attacks the fibrous matrix of the kidney and produces the gouty variety of Bright's disease. The renal determination of the poison may occasionally take place without the arthritic manifestations. A single uncomplicated gouty attack may not seriously impair the risk, but it should be remembered that sufferers from this disease are generally free livers and of sedentary habits, and are extremely liable to a recurrence of the disorder. Recent scarlet fever naturally calls attention to the danger of present desquamative

disease of the kidneys, while measles suggests the development of pulmonary tuberculosis. Affections of the respiratory organs, such as pneumonia, pleurisy, etc., frequently inflict permanent injury upon some portion of the lungs, and consequently increase the danger from subsequent attacks. They are, moreover, liable to the suspicion of a tuberculous origin. Chronic bronchitis often results in dilation of the bronchial tubes, in emphysema, and in enlargement of the right cavities of the heart.

*Second.*—Such important affections as are frequently disguised under indefinite names or impair the risk from their great liability to recur. Prominent in this class are the various forms of colic; the symptomatic significance of which was shown in a recent law suit in this city.\* Recurrent attacks from the passage of renal or biliary calculi, or from lead poisoning, generally reject. In the majority of instances these forms of colic may, with care, be easily discriminated, but in the more obscure cases, which depended upon organic diseases of the intestinal canal, reference should be had

\* MARK VS. THE UNION MUTUAL LIFE INSURANCE CO

The person, FITTINGHAM A. WARNER, aged 65 years, upon whose life three policies of \$10,000 each were issued by the Union Mutual Life and two other companies, had previous to his effecting the insurance, suffered from constipation and an attack of colic lasting two or three days. Shortly after this he had a more prolonged attack and about six months afterwards died of inflammation of the bowels, probably caused by organic disease.



to the physician who attended the applicant during his illness. The ordinary flatulent or bilious colic has no special significance unless it persist for several days, or frequently recur; but the Examiner is again cautioned to thoroughly satisfy his mind of the harmlessness of such attacks before recommending the risk. The expression "fits," as used in the application, is intended to cover a large class of disorders characterized by syncope, paralysis or muscular spasm. Here, again, great difficulty may be experienced in determining the true nature of the attack when a considerable time has elapsed since its occurrence. Well-marked epileptic convulsions are so evidently a sufficient cause for rejection that nothing but gross deception on the part of the applicant, or the culpable carelessness of the Examiner could permit the recommendation of a life thus impaired; yet the less conspicuous, but often more dangerous form of the disease, the *petit mal* of the French writers, is so often mistaken for vertigo, fainting turns, etc., that these symptoms, when frequently recurring and associated with mental hebetude, should always be thoroughly investigated. The past occurrence of insanity, or an apoplectic seizure, disqualify even if recovery be apparently complete. "Liver complaint," another vague expression, is frequently used as a disguise for affections of other abdominal viscera. When

stated in the application as one of the previous illnesses, its true nature should be explained by the Examiner in his report. If jaundice have occurred, it may be difficult, perhaps impossible, to determine its cause; but its importance may generally be readily estimated by its duration, frequency of return, and attendant symptoms. Most of the serious diseases of the liver, being chronic in duration, may be detected by careful examination at the time of application. A past history of dropsy should direct especial attention to the present condition of the heart, liver and kidneys, and is generally a sufficient cause for rejection. Finally, the risk is improved by perfect recovery from typhus and typhoid fevers and other diseases, which rarely recur, or indicate unusual strength of constitution in those who survive them.

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## PRESENT CONDITION OF HEALTH.

**B**EFORE proceeding to the direct examination into special diseases, valuable information may be obtained by some preliminary observations in regard to weight, size, color or aspect of countenance and the bodily proportions. According to the investigations of Dr. BRINTON, the standard weight of a man, in perfect health, five feet six inches in height, is slightly above one hundred and forty pounds. For every inch above or below this stature, the standard weight may be obtained by adding or subtracting five pounds. Obesity impairs the risk on account of its indisposing to active exercise, its interfering with the proper action of the diaphragm and the expansion of the lungs, and its diminishing the power of resistance to disease. It also, sometimes, serves as an indication of fatty degeneration of vital organs. Slowly acquired or hereditary corpulence occurring at middle age is of less importance than the variety which appears early in life or comes on rapidly from indolent or luxurious habits. In this connection, inquire in the family history and examine the condition of the heart, arteries, liver and cornea. Weight below the standard may be a family characteristic and associated with considerable vigor; but when the emaciation

has recently taken place and is accompanied by loss of power, it should be regarded as indicative of impaired health, and the risk should be rejected even if no actual disease be found to exist. Very tall or very short persons are less desirable risks than persons of medium stature. The former often gain their height at the expense of proper thoracic development; the latter are deficient in muscular power, while both possess diminished power of resistance to disease. Color is best ascertained by daylight and jaundice may escape detection if the applicant be examined by artificial light. The various cachexias, anaemia, and habitual intemperance have each a characteristic physiognomy of great value. Dr. BRINTON has called attention to the streaky congestion of the cheeks contrasting with the general pallor of the skin, and indicating, according to his observations, the presence of albumen in the urine. Deformities are to be considered with reference to their diathetic indications, their injurious influence upon the thoracic and abdominal viscera, and their impairment of the power of self preservation. Amputation of a limb should draw attention to the disease or injury which required the operation, and, in case of the high removal of a lower extremity, impairs the risk from its asserted tendency to increase the danger of visceral disease.

Marked instances of deformity should be accurately described in the medical report, and, if possible, a photograph or carte de visite should be sent to the Home office. The existence of sores or ulcers generally rejects. In testing the size and expansibility of the lungs, by measurement of the chest, it must be borne in mind that few persons understand how to inflate or exhaust these organs to the fullest extent of which they are capable. A little instruction from the Examiner will often make an important difference in the result obtained. The average difference in measurement between full inspiration and full expiration is about three and a half inches, while the average circumference of the chest or full expiration is nearly thirty-four inches. An observance of the above precaution will materially raise the average first mentioned. Measurements in men are to be made under the vest at the level of the nipples and the inferior angles of the scapulae. Marked deficiency of expansibility impairs the risk. The diseases of the respiratory organs comprise so large a portion of the causes of mortality in this country that the Examiner is expected to employ all the resources of his professional knowledge for their detection. Advanced tuberculous disease of the lungs is rarely brought to his notice, but cases of incipient or latent tuberculosis are more frequent. Few questions



in physical diagnosis require more skill or nicer discrimination than the detection of the early stage of phthisis in any person disposed to prevaricate in regard to his past history and his present symptoms. In doubtful cases, when the information obtained from a careful comparison of the physical signs with the constitutional symptoms is unsatisfactory, the clinical thermometer applied in the axilla is a very useful addition to our means of diagnosis. A temperature above ninety-nine and a half degrees Fahrenheit, if it do not positively indicate tuberculosis, will, at least, reveal a febrile condition, which demands a future re-examination. The existence of bronchitis, especially in persons past middle life, postpones the acceptance of the risk until the applicant has entirely recovered. Emphysema of the lungs is liable to be mistaken for a fine development of the chest, but, when considerable in amount, may be readily recognized by the obliteration and bulging of the intercostal spaces, and the deficient respiratory murmur contrasting with the unnatural resonance on percussion. The existence of this condition in any part of the lungs should excite suspicion of chronic bronchitis, or of injury to the adjacent lung structure by tuberculous deposits or other lesions. When thus associated, or when existing, from any cause, to an extent sufficient to impair the respiratory

function, pulmonary emphysema always rejects. The occurrence of what is called "asthma" by the applicant should always direct attention to the numerous affections which cause dyspnœa, such as phthisis, emphysema of the lungs, heart disease, etc. The genuine affection depending upon spasm of the bronchial tubes, when occurring only in certain localities or at certain seasons of the year, is unimportant in its relations to Life Insurance, unless it threaten to result in or is already associated with chronic bronchitis, pulmonary emphysema or dilatation of the right cavities of the heart. The more aggravated cases, even of the uncomplicated spasmodic variety, invariably reject.

In examining the heart, notice the position of the apex, which normally beats in the fifth intercostal space and from half an inch to an inch within the line drawn downwards from the nipple. If enlargement exist, determine the amount by percussion, and ascertain how far the apex is pushed downwards or to the left of the *linea mammaris*, or whether the hypertrophy is associated with valvular lesions or with dilatation.

All organic lesions, however slight, invariably postpone, and in the vast majority of cases positively preclude acceptance. Inorganic murmurs, palpitation or irregularity of beat require a re-examination, and, if persistent, reject. The possible existence of deep-seated

aneurisms in persons past middle life should not be overlooked. The rate of the pulse is to be ascertained with the applicant in a sitting posture, but valuable indications of debility may sometimes be obtained by the pulse rising considerably in frequency when the erect position is assumed. The nervous excitement attendant upon the examination or caused by alcoholic stimulants, previously taken for their supposed bracing effects, will often raise the pulse much above its average frequency. This may be obviated by directing the applicant's attention for a while to other matters, or by repeating the observation at a later period of the examination. If this precaution fail, a re-examination is necessary; and if the rate be persistently above ninety, it is a sufficient cause for rejection. Irregularity or intermittence of the pulse, when not due to some temporary cause, should always be regarded with great suspicion. When hereditary, these symptoms are sometimes found to co-exist with good health, but with this rare exception, they are a sure indication of depression of the nervous system, especially of the vagus and great sympathetic nerves. Reduction of the rate of pulsation below fifty should call attention to affections of the brain. The condition of the nervous system affords information of the highest value, not only from the inherent importance of this class of diseases, but

also from their frequent occurrence as symptoms of organic lesions elsewhere in the body. Frequently recurrent headaches suggest exhaustion of the brain by over-exercise, gastric disorders, a rheumatic or syphilitic diathesis, or tumors and other cerebral lesions. They are more significant in men than in women, and in persons past middle life than in the young. Hemiplegia or paraplegia, if present, of course reject. Local paralysis, depending upon wounds or similar injury, is of less importance unless it seriously interfere with locomotion or impair other important functions. Lead paralysis, especially if the person be still exposed to the poison, and paralysis of the nerves of special sense or of the cranial nerves, when it is of intra-cranial origin, always disqualify; likewise, progressive locomotor ataxia, and progressive muscular atrophy, which deserve mention from the insidiousness of their commencement, and their consequent liability to be overlooked. No general rule can be laid down in regard to the various neuralgic affections. The Examiner must be guided in his judgement by their seat, causes and severity, and should state the important details in his report. Nor should he overlook that irritable condition of the nervous system, induced by the excessive use of alcoholic stimulants, tobacco, opium, tea, coffee, etc., nor those equally ill-defined symptoms, which, for

want of a better name, we call nervous asthenia, and which so often result, especially in our large cities, from business anxiety, irregular habits, and other depressing causes. The diseases and functional derangements of the abdominal organs are so important in themselves, and so frequently modify and are modified by other affections that they deserve especial attention. Digestive disorders are occasionally the only notable symptoms of latent consumption or of granular degeneration of the kidney. Dr. CHRISTISON considers that the occurrence of stomach complaints about the time of the commencement of old age should always be viewed with distrust. It is particularly requested that inquiry shall be made into the condition of the intestinal canal. Many of our returned soldiers are still suffering from the effects of chronic diarrhoea, contracted during service in the late war. Apparent recovery for a time is frequently interrupted by a relapse upon slight exciting causes, and such persons will generally be found to be enfeebled in health and very undesirable risks. The terrible prevalence of this scourge is our army, and its lasting effects upon its victims make it very desirable that the Examiner should be constantly on his guard against the acceptance of this class of persons. If the applicant be disposed to attacks of hemorrhoids, state the variety (external or internal),

whether accompanied by much loss of blood, and whether an operation has ever been performed or is at present desirable. The present existence of hemorrhoidal tumors postpones acceptance, unless they be of trifling importance. The indications of fistula in ano vary. When there is the slightest suspicion of its connection with pulmonary tuberculosis it necessarily rejects. Phthisis when thus associated is very apt to be latent, and will often escape detection unless the rational symptoms and physical signs be carefully compared. The indications are also unfavorable when the fistula has obstinately resisted treatment, or has produced much destruction of the tissue surrounding the rectum; but less importance is to be attached to it when the disease was clearly due to local causes, and the track has entirely healed at the time of examination. When the applicant states that he is ruptured, the tumor should always be examined, since it may prove to be an undescended testicle, an enlarged lymphatic gland, a fatty growth, a psoas abscess, or an hydrocele of the cord or tunica vaginalis. Double or irreducible hernia always rejects. The other varieties may be no bar to the risk, provided the tumour can be retained by a properly adjusted truss, and the applicant will consent to wear one (this point should be insisted upon and included in the contract for insurance);



though in forming his opinion of the danger in any given case, the Examiner should remember that femoral involves more danger of strangulation than inguinal hernia, and that both of these varieties are more dangerous than the umbilical and direct. An occupation requiring severe exertion of course adds to the danger. If the applicant appear to enjoy unimpaired health, a few well selected questions will generally suffice to show that the renal functions are properly performed; but when diabetes or any disease of the kidney or bladder is suspected, the urine should be carefully examined by the proper chemical tests, or, when necessary and possible, by the microscope. Permanent stricture generally postpones until relieved by treatment. If the Examiner advise acceptance he should state the size of the sound or bougie which can be passed, and the other necessary details. Chronic cystitis, and enlargement of the prostate sufficient to impede the exit of urine, always disqualify. Venereal affections, if present, necessarily postpone. The previous existence of a soft non-infecting chancre is unimportant in its relations to Life Insurance, but when the primary disease has been followed by constitutional symptoms, the Examiner should feel confident of perfect recovery before recommending the risk. Even when the constitutional infection is unsuspected or denied by the

applicant, it may generally be detected by the enlargement of the inguinal, post-cervical or sub-occipital glands. iritis, loss of hair, eruptions on the scalp, face or body, mucous patches in the mouth or throat, and nodes upon the tibia, clavicle, cranial or other bones.

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## FEMALE RISKS.

THE statistics of mortality prove that the average duration of life is longer in women than in men, yet female risks are considered undesirable by many Life Insurance Companies on account of the difficulties attending a satisfactory medical examination, and the consequent frequency in this class of lives of concealed or latent disease. When this objection is obviated by a careful and thorough investigation, such risks will be accepted by this Company. Pregnancy postpones acceptance until perfect recovery from the effects of confinement. If previous labors have required instrumental interference on account of a contracted pelvis or repeated malpresentations, or if they have been complicated by puerperal mania, exhausting hemorrhages or peritonitis, the desirability of the risk is much impaired if future confinements may be expected. No general rule can

be laid down in regard to the numerous derangements and diseases of the generative system. No motives of false delicacy should prevent a satisfactory examination if serious disease be suspected, unless the Examiner be prepared to reject the case on the score of general impairment of health.

FINALLY, it is particularly desirable that the medical referee should remember that he is, for the time being, in the service of the Company and not of the agent, and that his duties consist less in the acceptance of good risks than in the rejection of bad ones. The answers to the questions in the Medical Report should always be in the handwriting of the Examiner, and should be as concise as accuracy will allow. In replying to the questions in regard to the personal habits and family tendencies to hereditary disease, the Examiner is of course understood to give an opinion derived from the statements and medical examination of the applicant rather than from his own personal knowledge. If explanations or descriptions of disease be necessary, they should be sent in an accompanying letter, and should be sufficiently detailed for a clear understanding of the case by the Home Examiner. This precaution will greatly facilitate the issuing of Policies, and will save much correspondence.









